

INTERBANK GIRO DIRECT CREDIT AUTHORISATION FORM

Note : This form is to be completed by the payee. **Payments will be credited directly into the payee's corporate bank account as stated below.** Please return the original form to the relevant MSF division after your bank has verified your signature(s).

PART I : Payee's Particulars :										Vendor No: _____ (MSF's internal use)									
Centre's Name and Address										Telephone No : _____ Fax No : _____ Contact Person: _____									
Name of Company/Organisation per bank account: (applicable if different from Centre's name)																			
Name of Bank :																			
Name of Branch :																			
Bank Code				Branch Code				Account Number (Corporate/business account)											
<p>I/We hereby authorise Ministry of Social and Family Development to credit payments due to me/us to the above account. Amounts so credited would constitute valid discharge of obligations due to me/us.</p> <p>This authorisation shall continue to be in force until I/we have expressly revoked it by notice in writing delivered to you.</p> <p>In the event of a change of bank account, I/we shall inform you in writing 30 days in advance before the change.</p>																			
_____ Authorised signature(s) as in bank record / Official Stamp										_____ Date									
PART II : Bank's Verification :																			
<p>To : Ministry of Social and Family Development</p> <p>We hereby verify that the signature(s) affixed in PART I above is/are consistent with our records and that the particulars of the bank account are correct.</p>																			
_____ Name of Bank & Official Stamp										_____ Authorised Signature & Date									